

# Women and Girls Health

## The Stories,

Uganda

Part 1



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Fundraising Markets Development,  
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## Available Assets, Links

### **Teddy Lutayo, Community Health Volunteer**

Access her [photos here](#)

Access her raw [clips/videos here](#)

Access her full [transcript and interview here](#)

*(timecoded transcript to be shared)*

### **Sharifa Namatovu**

Access her [photos here](#)

Access her [raw clips/videos, here](#)

Access Sharifa' full [transcript and interview here](#)

Access Sharifa's [Mum transcript here](#)

*(timecoded transcript to be shared)*

### **Sharon Nakayenga**

Access her [photos here](#)

Access her [raw clips/videos here](#)

Access her [full translated transcript here](#)

### **Menstruation Hygiene management in school**

Heroes Programme

Access photos [here](#)

Access raw [clips/videos, here](#)

Access school student, Ibrahim's [interview and transcript here](#)

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## The Situation

### Teenage pregnancy

Uganda has a population of about 45 million (World Bank) and almost 35% of this population comprises adolescents, of which half are girls. With one of the world's highest fertility rates, many reproductive health issues are concentrated among this young age group.

In 2021, during the peak of the COVID-19 pandemic, over 300,000 teenage pregnancies were recorded in Uganda, translating to over 32,000 teenage pregnancies every month.<sup>1</sup> Based on the 2016 UDHS (Uganda Demographic and Health Survey), teenage mothers contribute only about 12% of the annual number of births but represent nearly 30% of maternal deaths. Moreover, in 2020, nearly 20% of pregnancies in all women attending their first antenatal care were among teenagers.<sup>2</sup>

Yet many adolescent women who give birth each year do not receive the vital components of maternal and newborn care. Therefore, achieving sexual and reproductive health and rights for women and girls and encompassing the ability to decide **when** and **whether** to have children is essential for their health and well-being.

Teenage girls face significant challenges if they get pregnant. Firstly, because their bodies are still developing, they are at a higher risk of **experiencing complications** during pregnancy and childbirth, which can be life-threatening. Moreover, teenage mothers are more likely to experience **social isolation** and may struggle to maintain healthy relationships. Ultimately, teenage pregnancy can have a significant impact on the **well-being and future prospects** of both the mother and her child. Teenage mums may also face financial difficulties, as they are less likely to be employed and may not have the necessary skills or qualifications to secure well-paying jobs. Additionally, teenage mothers are less likely to complete their education, which can have a long-lasting impact on their future prospects.

Despite the high rates of pregnancy among adolescent girls, they have a high unmet need for family planning, meaning that their sexual and reproductive health needs are not being fully met.

Sexual Reproductive Health and Rights (SRHR) are essential human rights and critical development issues at its core, sexual and reproductive health aims to protect women's agency over their sexuality and fertility. **This includes their right to make autonomous decisions about having children, the number of children they have, and with whom they choose to have children and when.**

### Period Poverty

Period poverty describes the struggle many low-income women and girls face while trying to afford menstrual products. The term also refers to the increased economic vulnerability women and girls face due to the financial burden posed by menstrual supplies. These include not only menstrual pads, but also related costs such as pain medication and underwear.<sup>3</sup> It encompasses a lack of affordable and quality access to sanitary products, inadequate spaces/facilities to manage menstruation, lack of information and stigma surrounding menstruation. Schools are locations where girls can be provided with these products and facilities, but too often many girls still do not receive sufficient information before they get their periods.

### Uganda, Quick Facts:

- One in four teenage girls in Uganda aged 15-19 have had a child or are pregnant.
- 42% of all pregnancies among adolescents in Uganda are unintended.
- Across all generations, over half of the girls experienced childhood sexual abuse before the age of 15 years. UNFPA survey further reveals that about 64% of teenage mothers will not complete their primary education level.

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<sup>1</sup> [https://uganda.unfpa.org/sites/default/files/pub-pdf/teenpregnancy\\_factsheet\\_3.pdf](https://uganda.unfpa.org/sites/default/files/pub-pdf/teenpregnancy_factsheet_3.pdf)

<sup>2</sup> [https://uganda.unfpa.org/sites/default/files/pub-pdf/teenpregnancy\\_factsheet\\_3.pdf](https://uganda.unfpa.org/sites/default/files/pub-pdf/teenpregnancy_factsheet_3.pdf)

<sup>3</sup> <https://www.unfpa.org/menstruationfaq>

- For those who do attend school, girls' absence rates triple from 7% to 28% during their periods.
- A 2016 report revealed that up to 22% of women aged 15 to 49 in the country had experienced some form of sexual violence. The report also revealed that annually, 13% of women aged 15 to 49 report experiencing sexual violence which translates to more than 1 million women exposed to sexual violence every year in Uganda

Source: UNICEF, UDHS

## **Amref Health Africa & Heroes For Gender Transformative Action Programme**

***Amref supports the full suite of women's and girls' Sexual and Reproductive health rights, working to reduce teenage pregnancies, increase healthy timing and spacing of pregnancies, and elimination of gender-based violence.***

Sexual and Reproductive Health Rights works challenge inequitable gender and social norms that disempower women and seek to amplify women's and girls' participation in socio-economic and political processes.

Amref's Health Africa's Goal is to ensure that the sexual and reproductive health and rights of all individuals are respected, protected and fulfilled. Read more [here](#)

The 'Integrated Sexual and Reproductive Health & Rights Programme in High Burden Districts of Uganda' (ISPHD), also known as the HEROES for Gender Transformative Action programme, targets young girls and boys (age 10-24) and women of reproductive age (age 15-49), including underserved groups. The programme is implemented by a consortium of three partners: Amref Health Africa in Uganda, Cordaid, and MIFUMI. The partners have a shared goal of "All young people and women of reproductive age in 9 high burden districts of Uganda to fully enjoy their SRHR and live in a gender-equitable society free from SGBV."

The programme seeks to

- Empower young girls, boys and women regarding Sexual and Reproductive Health and Rights and Sexual and Gender-based violence,
- Strengthen Sexual and Reproductive Health and Rights and Sexual and gender-based violence service delivery,
- Work with gatekeepers to reject gender harmful norms and practices and enhance access to justice.

The programme well known as the **Heroes Programme**, also delivers rights-based, comprehensive, and transformative SRHR education that discusses gender norms and roles.

Health systems are strengthening through the fully functional site model to facilitate SRHR/SGBV care integration at all service delivery points.

## Amref Reach, Sexual Reproductive Health and Rights

SRHR services and activities	Office/ Country	2021	2022	Oct/23
Adolescent/ youth reached activities and Family planning services	Tanzania	50.132	164.940	135.718
	Uganda	48.967	13.713	24.079
	Kenya	10.839	7.726	2.554
	South Sudan	3.225	-	-
	Ethiopia	1.278	40.392	51.093
	Malawi	1.027	462	393
Adolescent/ youth participating in SRHR activities organized by Amref	Uganda	427	130.971	71.169
	Tanzania	7.383	37.011	27.910
	Kenya	72.725	33.427	7.736
	Ethiopia	1.646	19.216	6.100
	Malawi	3.088	1.691	3.920
	South Sudan	14.034	9.982	19
	Senegal	86	214	-
WASH sanitation (menstrual hygiene support-products / infrastructure mostly in schools)	Tanzania	6.095	9.441	13.979
	Ethiopia	-	-	11.315
	Kenya	150	-	660
	Malawi	7.903	9.678	65
Women under 18 years supported with skilled devilevery services through Amref	Uganda	-	-	263
Antenatal care services provided to women <18 years through Amref	Ethiopia	36.434	12.766	-
	Kenya	7.396	9.892	6.563
	Uganda	-	85	1.634
	Zambia	3.480	-	-
Post natal care services provided to women < 18 years through Amref	Uganda			324
GBV cases for girls <18 years referred or responded to	Tanzania	1.283	9.933	5.320
	Malawi	136	65	403
	South Sudan	-	31	86
	Uganda	-	-	3
		-	-	-
Girls undergone Alternative Rights of Passage conducted by Amref	Tanzania	775	-	-
	Kenya	700	775	-
Youth advocates trained or participating in advocacy related activities	Ethiopia	-	165	-
	Kenya	576	123	-
	Senegal	17	118	-
Total number of services provided to girls < 18 years for sexual reproductive Health Rights interventions		<u>279.802</u>	<u>512.817</u>	<u>371.306</u>

## Women and girls in Urban informal settlement



Figure 1: Community Health Volunteers walking in Kazo Angola Corner in Kawempe Photo: Amref Health Africa/Sarah Waiswa

Poverty is both a consequence and a cause of violence against women and girls in many urban informal settlements. Women and girls are at a higher risk of experiencing sexual and reproductive health rights issues, especially sexual and gender-based violence. This is more prevalent and contributes significantly to poverty among women .

Women have different physical needs from men, such as those related to menstruation, and they also require more privacy when using toilets and bathing. But inadequate and inaccessible toilets and bathrooms in urban informal settlements, along with insecurity, make women even more vulnerable to rape and other forms of gender-based violence.

Many parents living in informal settlements do not have much time for their girls as they must work harder to provide basic needs. For girls living in urban informal settlements, limited access to youth-friendly sexual and reproductive health information and services exposes them to multiple vulnerabilities that severely impact their health, their well-being and their future prospects.

*NB: In Uganda, the commonly used term for Community Health Workers/Volunteers is Village Health Teams member(VHT)*



## The stories



*: Teddy Lutayo, a community health volunteer, at Kaza Angolla, Kawempe informal settlement in Uganda*

*.Amref Health Africa/Sarah Waiswa*

### **1. Teddy Lutayo: Being a Community Health Worker in an Urban Informal Settlement**

Teddy could not control her tears when she met a young girl who had been assaulted and left pregnant in her neighbourhood in the informal settlement of Kawempe in Kampala city. The sight of a vulnerable girl, abused and needy, was awareness too real, a sting so close.

She reported the incident to the local authorities, but Teddy, with a broken heart, knew that the girl's life had changed forever. She was right. After all, the girl was barely 14 years old, a child who was now expecting a child. "I cried; I felt terrible. Even if you meet her today, you will see the trauma; it makes me feel terrible. "

#### **Teenage Mothers and Pregnancies**

That is Teddy Lutoya's typical day at work nowadays. Her most frequent visits and calls are to homes with teenage mothers or pregnant teenagers. "This was especially worsened during the pandemic. Covid 19 period was a punch to our girls", she says. "Because they were not going to school, many teenage girls became victims [of SGBV] and were pregnant!". She exclaims.

In Uganda, the UN estimated that at the peak of the Pandemic, over 300,000 teenage pregnancies were recorded in 2021 alone, translating to over 32,000 births every month. (UNICEF). The numbers were higher in marginalised communities.

Teddy works as a Community Health Volunteer, locally known as Village Health Team. She works in one of Kampala's most densely populated informal settlements. The informal settlement in the north of the city is overcrowded and houses are made of a blend of iron sheets and old brick-walled. You are ushered into the settlement by soggy, narrow paths, water puddles and murky trenches. Houses are lined up close, with doors facing each other, leaving no room for privacy. Big trenches from the city run through the settlement, across people's doorsteps, delivering dirt and plastic and leaving behind threats of diseases.





CHV Teddy Lutayo, holds baby Chantel as she speaks with the baby's grandma Robinah, 57, at their home in the informal settlement in Kawempe

Photo: Amref Health Africa/Sarah Waiswa.

**The rise in teenage pregnancy cases** presents a huge challenge in informal settlement areas like Kawempe, where social amenities, access to essential water services, and quality health care are already a challenge. It is sometimes an overwhelming situation, even for Teddy, as she has witnessed and handled difficult and often sensitive situations involving teenage girls.

Yet, there's a steadiness to her, as if all the storms in this harsh neighbourhood are a whispering breeze. She is kind and clever; perhaps that's what draws people to her. People say hello to her when she walks through the paths, and children run to her familiar embrace. Young mums pull her to the side to whisper something. She knows what happens in the community and has a front-row seat to daily lives.

When you listen to her speak, it is as if she knows she was born to be a community health Volunteer. And you would not be wrong to think so. "I love getting informed about various aspects, inspiring me to get deeper into this work. Desiring to learn and tapping into the unknown, seeing people develop, pushes me to seek support for my community members." She tells us.

You can also sense fierce, admirable independence and calming motherliness, which shows when she holds babies and speaks to the young mothers.

### **Community Health Volunteers In Informal Settlements**

Amref Health Africa is training community health volunteers like Teddy on Family Planning, Counselling and the provision of sexual reproductive health services. This ensures that women, children, and adolescents access services from respectful and knowledgeable providers. Teddy is proud of her community. She was brought up in the settlement where she delivered and raised her three children, living in what she says is a dangerous neighbourhood. But because of this, she is trusted by the community and is uniquely positioned to provide culturally appropriate health care to mothers and girls.

She works closely with the residents to access essential health services, and counselling support. She is on the frontline and helps identify health issues early on, before they become more serious, refers her clients for further support, and provides preventive care to help reduce the risk of illness.

Moreover, she plays a vital role in providing education on nutrition, hygiene, and sexual and reproductive health and helps ensure that pregnant women, especially vulnerable girls, receive proper care and support. She also helps to identify childhood illnesses, such as diarrhoea and pneumonia, which can be life-threatening if left untreated and, when there's a breakout of deadly diseases like cholera, she works with authorities combating the outbreaks in the settlement.

She is like the lovely aunty of her community, who lives down the road and shows up to check on the girls." I have been visiting them twice a month to check on the babies, as in temperature and general health. I counsel them about handling babies, breastfeeding, and general baby care. I encourage them that this is not the end of the road," Teddy explains.

"For the younger mothers, I teach them about proper baby sleeping, the importance of breastfeeding a baby, to build their immunity. With a Kokono baby crib, they are safe from malaria and can work with their babies while safe in a KOKONO."

### **Teddy Lutayo Quotes:**

"My family and I live here and so I love residing in a clean environment. This prompts me to emphasise cleanliness in this community, and I do not intend to leave this community. This is where I have given birth to my children: first born is 27, second born 24 and last born 13. My home is not spacious but clean enough to serve as a model home to the rest of the homes in this community."

"I love getting informed about various aspects, inspiring me to get deeper into this work. Desiring to learn and tapping into the unknown, seeing people develop, pushes me to seek support for my community members."

"I counsel the young mums, about handling babies, breastfeeding and general baby care. I encourage them that this is not the end of the road."

"I have been visiting them twice a month to check on the babies, as in temperature and general health. I counsel them about handling babies, breastfeeding and general baby care. I encourage them that this is not the end of the road. I give them skills in baking, and through this, they can earn a living. I teach them about proper baby sleeping, breast feeding a baby; if a baby breast feeds well, they won't get sicknesses; with a Kokono, they are safe from malaria and can work with their babies while safe in a Kokono.

"Thank you, Amref for getting down to the ground to the ordinary person, thank you for supporting and loving us, thank you for sparing time to visit my home, going around the dirty places and through muddy trenches."

"I also thank all people supporting Amref projects to bring health services closer to us in this community; I kindly request more support through Amref for teenage mothers who want to go back to school, help women groups to get better in business, start-up capital for adolescent mothers to be able to take good care of their babies."

### **Assets: Teddy Lutayo, Community Health Volunteer**

Access her [photos here](#)

Access her raw [clips/videos here](#)

Access her full [transcript and interview here](#)





*Sharifa Namatovu, 16 and her daughter Nakiganda Chantel, 1yr and two months, outside their home in Kazo Angolla Corner Zone area Kawempe Division, Kampala. Photo: Amref Health Africa/Sarah Waiswa*

## **2. Sharifa Namatovu, a young mum**

It is only fair that a 15-year-old girl dreams. In fact, it is only fitting that she does.

But when someone feels traumatised, nothing feels safe anymore. This is true for anyone but much more profound for teenage girls living in challenging environments. The structural challenges, lack of access to health care and education, combined with poverty, have teamed up to create a nightmare for teenage girls living in Kawempe informal settlement.

The informal settlement, situated in the northern part of Kampala City, forms a sloping umbrella of rustic iron roofs that stretch down a slope into what was once a swamp and rise on the other side of a gentle hill. Now full of houses and small shops, the footpaths are soggy, with muddy water flowing before people's doorsteps.

It's the rainy season in Uganda, and when you walk down the narrow, murky paths between the crowded brick and iron sheet-walled houses, you'll not miss a toddler walking precariously atop a dirty trench, and another toddler, an excited boy this time, throwing a stone into the water, flowing across their doorstep. A dog curiously snorts at a lumped black polythene bag and walks away with a rattled sneeze.

Sharifa Namatovu, holds a child outside their home at the end of the lined-up brick-walled houses. Their house sits just off a trench, where ducklings are chattering. Now a mother of a one-year-old baby girl, the 16-year-old Sharifa's life has been changed by motherhood. Behind her smile, she says, are thoughts about how her daughter will not go through the same challenges as her. Her baby looks at her intently as she speaks. "My baby is called Nakiganda Chantel. She will not be an easy woman; she doesn't joke around, she loves to be very serious and she sleeps a lot," Sharifa laughs.



She lives with her mum, who has been her source of strength. "My mum (Nakatono Robina) has been so supportive as a mother, corrected me whenever I would go wrong and has moulded me into a fighter for life and how to survive," she reflects.



*Sharifa and her baby Chantel are visited by CHV Teddy, at their home in Kazo Angola, in Kawempe. photo: Amref Health Africa/Sarah Waiswa*

### **Community Health Volunteer**

When she first became pregnant, Sharifa was visited by Teddy Lutayo, a community health volunteer in the informal settlement. Like many girls in similar situations, she recalls how this period was marked by sadness, fear, and uncertainty.

The community health volunteer accompanied her to the nearby health centre and provided her with antenatal information to ensure that she received all necessary care during her pregnancy. "We had a lot of interactions with her... they assisted us during the delivery of the baby. Since I and other girls got pregnant, she has been supportive of us and we have interacted with her frequently," she emphasised.

When she delivered her baby, the community health volunteer brought to her one of the Kokono cribs. This environment-friendly, locally assembled baby crib helps children sleep and avoid mosquito bites that cause Malaria. "I thank Teddy and Amref for assisting us with the Kokono crib. As you see, our home here is low lying area, and there is a very dirty water trench, and it's a breeding place for mosquitoes; mosquitoes bite us even during the day, but the Kokono has helped to protect the baby, and we haven't had serious issues with sicknesses," she says.

Sharifa's mum doesn't have a reliable stream of income. She babysits the children of her neighbours for a small fee, and despite the world around her, the 57-year-old glows with joy and has exciting dance

in her eyes. She loves to play with her granddaughter, Chantel, and for her, Teddy, the CHV has been a source of encouragement and information to her teenage daughter.

"Teddy has helped to shape my daughter's life, teaching her all that she needs to survive as a mother and how to take good care of the baby", she says.

Sharifa's dreams of completing school are in limbo, but she hopes her daughter Chantel will achieve what she has been unable to. "I would like my daughter to be a doctor," she says. She is uncertain but says she is not giving up hope and would like to join vocational training.

"Teddy taught me two things that I can remember: one is to never give up, and two is to strive to make life meaningful", she sighs.

As she sits with baby Chantel at the entrance of their home, behind her, you'll notice that the walls at the entrance to their house are adorned with charcoal, with different types of human skeletal drawings of bone joints. A human shoulder joint and feet skeleton drawing with names of smaller parts indicated are the bolder drawings, while the rest have been washed away.

The drawings are now a constant reminder and testament to her school days, and as they fade, the prospects of her dreams hang in the balance.

### **Sexual and reproductive health.**

In many informal settlements, little attention has been paid to the sexual and reproductive health rights (SRHR) challenges faced by adolescent girls during their transition to adulthood within the challenging environment. Limited access to sexual and reproductive health information and services is a significant barrier (WHO). Teenage pregnancy is a critical issue in many informal settlements, where poverty, lack of education, and limited access to health care can contribute to high rates of unintended pregnancies among adolescents. It is community health volunteers who play a critical role as frontline workforce in providing essential services.

### **What is at stake:**

#### **a) Dreams**

The dreams of many young girls are at stake; the dream of Sharifa to see her daughter bloom and change her family's story. There's a risk of her daughter getting into the same cycle of poverty and missing school. Teenage mothers are less likely to complete studies, impacting their future prospects. If a girl is disadvantaged, society is disadvantaged.

For inspiration:

The Poem "HARLEM" -- Langston Hughes

What happens to a dream deferred? Does it dry up like a raisin in the sun?

Or fester like a sore--And then run?

Does it stink like rotten meat? Or crust and sugar over--like a syrupy sweet?

Maybe it just sags like a heavy load. Or does it explode?

#### **b) Girl's Health**

Teenage girls face significant challenges if they get pregnant. Firstly, they are at a higher risk of experiencing complications during pregnancy and childbirth, which can be life-threatening.

Isolation: Teenage mothers are more likely to experience social isolation and may struggle to maintain healthy relationships. Ultimately, teenage pregnancy can have a significant impact on the well-being and future prospects of both the mother and her child. They may also face financial difficulties, as they

are less likely to be employed and may not have the necessary skills or qualifications to secure well-paying jobs.

### **What is Needed**

Teenage mothers can achieve their goals and build a bright future for themselves and their children. With the proper support and resources, they can overcome obstacles and create a fulfilling life for themselves and their families. As

- Training and supporting healthcare providers and community health workers like Teddy Lutoya to provide adolescent-friendly services;
- Improve the capacity of health facilities to offer quality adolescent and youth-responsive SRHR services.
- Establishing adolescent sensitivity at all levels of care as outlined in the health sector development plan should be strengthened.
- The adolescent and youth-friendly health care services manuals for Basic Health Staff and GBV guidelines for case management mechanisms need to be revised accordingly.

### **Sharifa's Quotes**

"I want to thank you, Teddy, for supporting me and my baby. Were it not for you, I don't know how I could have raised my baby."

"After feeding the baby, we keep the baby in Kokono, and there hasn't been any big challenge regarding sicknesses and the baby is now grown up. She is 1 year and two months old."

"Along the way, I got a chance to meet front-line health workers in this community who helped to provide a Kokono crib for the baby, which has dramatically helped in protecting the baby from diseases such as malaria because mosquitoes cannot in any way get to the baby if she is kept inside the Kokono. The front-line health workers have helped to shape my daughter's life, teaching her all what she needs to survive as a mother and how to take good care of the baby."

"Teddy taught me about breastfeeding, bathing and taking good care of the baby, how to handle a breast and put the breast nipple in the baby's mouth for the baby to feed. While bathing the baby, she taught me how to hold the baby's bum and lift the baby up such that water doesn't get to the baby's nose, also taught me how to use pampers after bathing and applying Vaseline and powder."

"Teddy is a community health worker in this community and has supported us tremendously since I and the other girls got pregnant; we would interact with her so much and together with Amref, they helped us on delivery. Teddy taught me two things that I can remember: never to give up and striving to make life meaningful." **Sharifa Namatovu**

### **Assets**

Access her [photos here](#)

Access her [raw clips/videos, here](#)

Access Sharifa' full [transcript and interview here](#)

Access Sharifa's [Mum transcript here](#)

*(timecoded transcript to be shared)*





*Sharon Nakayenga, 20, with her son Abdu Malik Kayenje, 3 months, outside their home in Kazo Angolla Corner Zone in Kawempe Division, Kampala.*

### 3. Sharon Nakayenga

Sharon and her mother live in the heart of the Kawempe informal settlement in Kampala city. During the rainy season, getting to their home is quite challenging because the paths also serve as waterways and are usually filled with puddles of water. In their homestead, there are about six one-roomed houses that are closely packed together, sharing walls and forming two rows of three houses facing each other.

Their house is at the end of the verandah, and on this rainy day, the walls feel wet to the touch, and moist beneath the fingertips. A line of jerrycans is being formed towards a tap outside their door, where Sharon's mum sells water as her source of income. Sharon's baby, Abdul, is sleeping calmly in an orange crib covered with a white net at the end of the corridor.

#### **Sanitation**

"Here, waste management is poor, trenches are a major problem because they get filled with water and waste during the rainy season; this is dangerous to us," says Sharon. In many informal settlements, access to basic sanitation is a big challenge and for young mothers like Sharon, bringing up a child in the environment is not easy. "Hygiene and sanitation status is generally poor coupled with poor waste management; this puts us at a big risk of disease outbreak. Diseases such as cholera and diarrhoea can spread very fast."

For her baby, stagnant water spells doom and serves as the breeding ground for mosquitoes that transmit Malaria. "Malaria cases are high, especially during the rainy season," she says. Sharon recalls how when her child, Abdul, was born, he contracted malaria and had to be attended to at the local health centre. "My son suffered from malaria due to the mosquitoes around. This place is a breeding place for mosquitoes," she remarks.

Uganda has one of the world's<sup>4</sup> highest malaria incidence rates of 478 cases per 1,000 people per year. It is also the leading cause of sickness and death in Uganda and is responsible for up to 40 per

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<sup>4</sup> <https://www.who.int/publications/i/item/9789240064898>

cent of all outpatient visits, 25 per cent of hospital admissions and 14 per cent of all hospital deaths. The malaria death rate in Uganda is estimated to be between 70,000 and 100,000 deaths per year, a toll that exceeds that of HIV/AIDS.

### **KOKONO Crib**

Sharon received a Kokono crib when her child was two months old. The Kokono crib is an environmentally friendly, locally assembled baby cradle that helps children sleep and mitigate exposure to health and safety risks among babies like mosquito bites that cause Malaria. “The Kokono crib has helped greatly because I use it for bathing the baby as well as laying the baby to sleep, even outside, I can do my work without worrying about my baby because I always place the baby nearby in the Kokono crib.”

The crib is made out of biodegradable plastic, locally manufactured in Uganda. It is rigid, covered with a mosquito net, washable and frugal so as to be financially accessible to low-income communities in need of a safe space for babies during day and night time.



The Kokono project provides young and vulnerable mothers in low-income communities in urban informal settlements with cribs. The need is especially acute in areas like Kawempe, with water and sanitation challenges.

### **Health education**

For teenagers facing an unexpected pregnancy, the emotional toll can be significant. They may feel ashamed or embarrassed about their situation and worry about what others will think of them. This was no different for Sharon. She was 19 years old when she had her baby, and for her, this was a challenging period as she had joined hairdressing school.

When she became pregnant, she was visited by community health volunteer Teddy Lutayo, who linked her with a local health centre for antenatal care.

“Teddy has helped me in many ways, like counseling me about feeding and breastfeeding my baby, supporting and guiding me on how to care for the baby. She also visits me time and again to check how we are doing healthwise.”

Community health volunteers like Teddy play a big role in supporting young mothers to access information and services on sexual and reproductive health and antenatal care. In informal settlements like Kawempe, access to basic services and to quality health care is often limited, increasing the risks faced by mothers.

But Sharon, is not allowing her recent occurrences to affect her plans and while she recognizes that it delays her, she wants to go back to hairdressing training and to support her mum. "I want to take on a hairdressing course and after I graduate, I will be able to earn and be able to support my mum as well as my baby, I will be able to take my child to school."

#### **Sharon's Quote:**

"I want to thank Amref for giving us Kokono cribs 'cause it has helped my baby, [the] advice I am giving mothers out there, whether they have Kokono or not, should take good care of their babies 'casue a healthy and happy baby is the mothers' pride."

#### **Assets**

##### **Sharon Nakayenga**

Access her [photos here](#)

Access her [raw clips/videos here](#)

Access her [full translated transcript here](#)

## **KOKONO Project**

KOKONO, which means "the empty pumpkin" in an East African dialect, is a cradle conceived by [De-LAB](#), a Business, Social Innovation company, to mitigate exposures to health and safety risks among babies especially below one year of age. KOKONO was designed from scratch by De-lab to be aligned with the Sustainable Development Goals of the United Nations Agenda 2030 on reduction of preventable newborn and childhood deaths.

The KOKONO crib is made out of biodegradable plastic, locally manufactured in Uganda. The crib is rigid, covered with a mosquito net, washable and frugal, so as to be financially accessible to low-income communities in need of a safe space for babies during day and night-time. The KOKONO crib can be used both indoors and outdoors while staying at home or moving. Particularly, the crib protects new born babies from mosquito bites and other animal bites, childhood illnesses, accidents. Designed particularly for the benefit of babies aged 0-12 months, the crib also provides a level of protection against suffocation.

Many women in Uganda are either stay-at-home, mums, are involved in farming or have small roadside enterprises, and the crib allows mothers to get occupied with other chores

Owing to its many benefits, Amref Health Africa in partnership with de-lab in Uganda promoted the special baby's crib in communities in Kampala and Wakiso. Its innovativeness is born for addressing the needs of low-income communities.

#### **The Situation**

Malaria is the most common fever in Uganda and is one of the biggest child killers. Although the entire population is at various levels of risk, marginalised populations, living in areas with limited water and sanitation management, like informal settlement are confronted with economic, social and contextual challenges and barriers that may limit their access to malaria prevention, treatment and control programmes. These populations include vulnerable and underserved populations like, Children under five years and pregnant women, People living with HIV and people in closed/congregate settings





*Edith Samale Namugabo, the youth and community engagement officer, interacts with Ibrahim and Saumu at the Bugana Primary School Bukana Village in Namayingo district.*

#### **4. Heroes for Gender Transformative Action Programme, Bugana Primary School**

They say that not all heroes wear capes.

That is certainly true.

In fact, sometimes they are 16 years old and walk in a maroon pair of shorts, with an orange T-shirt. They like to stitch reusable pads for their sisters and girls in their school. They also don't shy away from speaking about sexual and reproductive health and they know what it means for a girl to not miss school because of menstruation. They also believe that everyone deserves access to basic necessities, especially regarding health and education.

Meet 16-year-old Ibrahim Bwire, a hero, born to a fishing and farming family in Sigulu Island, one of the islands seated on the vast Lake Victoria in Eastern Uganda.

He has a shy smile, and you would assume he doesn't say much, but when he speaks, you suddenly understand why he wants to become a top judge for his country, Uganda. "I think I will make a good judge," he affirms. "I will make my government be on the right way."

When you meet him at the school playground, he has a small following of younger boys. "I love to play netball and football, but sometimes, it really depends on my moods," he says.

##### **Girls Missing School**

Ibrahim goes to Bugana Primary Schools, one of the schools Amref Health Africa is partnering with on sexual and reproduction health rights through the 'Heroes' project, which targets young girls and boys (age 10-24) in Uganda.

He's a steadfast defender of girls' education, recognising that girls missing school because they have their periods is unacceptable – and avoidable. "The girls in our school miss school because of shame

and embarrassment, and we always know that when a girl misses school, it is almost always because of the same thing,” he says. For Ibrahim, no one should be able to correctly guess why a girl has missed school, let alone know when they are on their period.

Indeed, the stigma attached to menstruation stops many girls from going to school. This is also compounded by a lack of access to menstrual products, inadequate sanitation, cultural factors, shame and embarrassment, as well as pain and discomfort.

A Meniscus Report<sup>5</sup> shows that in rural schools in Uganda, 28% of girls miss school during their menstruation. This has a big impact on their education as they end up playing catch up in their studies, and find themselves in a disadvantaged position in their education. Staying at home also exposes girls to other dangers, like early pregnancy or early marriages, which affects their future prospects.

### **Journey Plus Clubs**



Sauma Immaculate and her fellow pupils during a session at the Journey Plus club in her school.

Sauma Immaculate is in grade 7 with Ibrahim. She is leading a song about menstrual hygiene with her club. It's a song about health and sanitation, menstrual hygiene, and about their school. “We are in far to reach the area because of water bodies”, the group sings referring to their physical location on the island.

Sauma is a member of Journey Plus, a club formed by their school as part of Heroes Project. The Journey Plus club has been a space where she has learnt about menstrual hygiene, HIV, and sexual and reproductive health. She has learned, like Ibrahim, how to make pads, that she can use. For her, the lack of pads is personal, and so is the lack of sanitation.

“Right now, things are changing. A girl can come to school; you cannot know that she is in period,” Ibrahim agrees.

Through the Heroes project, both Sauma and Ibrahim have learned about sexual and reproductive health. Many boys are no longer shy about talking about menstruation, a topic that was not openly talked about previously. Through the Journey Plus clubs, boys have been sensitised about menstrual hygiene and the need for them to support girls during their menstrual cycles.

One of the groups that both Sauma and Ibrahim are part of is trained in different crafts and is also a source of knowledge and information about menstrual management. But they are also trained on how to make reusable pads. “Our sisters (girls) were suffering when they were in their menstruation,” Ibrahim says. Through the club, they can access materials they use to make the pads.

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<sup>5</sup> <https://bmcmwomenshealth.biomedcentral.com/articles/10.1186/s12905-017-0502-z>



“I feel happy because I am helping my sisters and I am helping myself, too. I even showed my mother and my sisters how to make the pad. Now, they also can make it,” Ibrahim says proudly.

Many school-going girls in rural communities miss school as a result of period poverty, a combination of issues relating to access to services and products, and a lack of proper menstrual hygiene management. But perhaps the most important aspects of menstrual health and hygiene are the unseen elements – the emotional and mental impact that “period poverty”, and the associated fear and shame, can bring. It is a loaded issue, requiring both individual and societal responses. The Heroes Project aims to increase knowledge, healthy behaviours, teacher support, and trusting peer relationships among students in Uganda. To date, it has reached **over XYZ students**.

## Menstrual hygiene



*Improved changing place for girls: Sauma and her friends walk towards toilet and changing structure in their school.*

for making pads. Sauma mentions that the girls in the school do not have a place to change, and it's much more difficult because the school has a boarding facility for those in senior classes.

Currently, the school has a temporary rustic structure that girls use to change. A big sign on its iron sheet wall reads “IMPROVED CHANGING PLACE FOR GIRLS.” The iron-sheet wall leans dangerously with a lateral space between the two iron sheets, stretching to the back.

Many schools in rural Uganda still face significant challenges in ensuring they have adequate facilities available for girls. A World Bank<sup>6</sup> study highlights that “the existence of a separate toilet is not enough to ensure usage by women and girls, but the key is privacy, cleanliness, safety, and water availability for the girls”.

Bugana School, with a population of 1,000 pupils, also does not have proper sanitation . The existing toilets are in a bad state. “They are not proper toilets,” Sauma says. Poor menstrual hygiene can pose physical health risks to girls and has been linked to reproductive and urinary tract infections.





### What is needed:

- a) Access to sexual and reproductive health: It is a concrete way to prevent unwanted pregnancies child marriages, and the spread of sexually transmitted infections, as well as fostering gender equality through information on Sexual and gender-based violence.
- b) Menstrual health and hygiene management: It provides adolescent girls with knowledge, sanitary products, and facilities to understand and manage their menstruation.
- c) Access to water and sanitation facilities: These are the most significant contributors in averting infection and maintaining menstrual hygiene. Safe menstrual hygiene promotes good health and quality education for girls.

### Why it matters

- Educating girls before their first period and, importantly, boys like Ibrahim on menstruation builds their confidence, contributes to social solidarity and encourages healthy habits. Such information should be provided at home and at school.
- Poor menstrual hygiene can pose physical health risks and has been linked to infections in the reproductive and urinary tracts. The limited availability of affordable menstrual materials is a challenge for many girls and women. To reduce the incidence of urogenital diseases, it is crucial to provide access to private facilities with clean water and affordable, safer menstrual materials.

### Assets

- Heroes Programme
- Access photos [here](#)
- Access her raw [clips/videos, here](#)
- Access school student, Ibrahim's [interview and transcript here](#)

### Price list

- Training of one Community Health volunteer on Sexual and Reproductive Health \$181
- Cost of running one SRH awareness session: \$ 611
- The Cost of making one sanitary pad (including material and time): \$30
- The cost of training materials: \$22 per CHV
- Demonstration materials Teaching aids \$222
- Cost of skilling for girls \$10

### Potential Costings

- Cost of constructing changing rooms for girls as part of menstrual hygiene management
- Cost of sanitation facilities- water access.
- Cost of construction of a mini water solar system to bring water closer to the school and communities near the school from the bore hole about 2 KM away
- Cost of a Kokono crib

## **Heroes programme Strategies**

a) *Better information and greater freedom of choice for young people about their sexuality*  
Strategies:

- Provision of comprehensive SRHR information
- Cascading Peer-to-peer communication
- Training and mentoring of youth/women peer educators
- Capacity building of change agents & youth groups
- Use of electronic & mobile tools and helplines
- Media engagement/campaigns
- Youth adult engagement, Referrals

b) *Better public and private healthcare for family planning pregnancies and childbirth, including post-abortion care*  
Strategies:

- Training and mentoring
- Provision of SRHR equipment, commodities and supplies
- Integrated Outreaches to hard-to-reach groups
- Functionalise referral pathways
- Village Health Teams trained & motivated via entrepreneurship, referrals

c) *More respect for sexual and reproductive rights for all*  
Strategies:

- Capacity building of CSOs
- Intergenerational dialogues
- Orient duty bearers on Rights Based
- Approaches, relevant laws roles and responsibilities
- Build Capacity of CSOs/gatekeeper change agents in GTA and evidence based advocacy
- Strengthening gatekeeper institutions

d) *Enabling environment for young girls and women's elimination of violence against girls and women*  
Strategies:

- SGBV advice centres
- Strengthen the SGBV Response System
- Improve Quality of SGBV case management
- Rehabilitate & reintegrate SGBV survivors
- Multi-sectoral Response to SGBV

### **In numbers:**

The HEROES program has trained, deployed, and supported a total of 932 SRHR Education facilitators across 54 sub-counties in nine target districts. These facilitators were responsible for teaching five different curricula, including Journeys Plus, Sinovuyo programme-Y, Men-Engage, and Family Health. Through these facilitators, a total of 505,655 individuals (183,196 males and 322,459 females) have been enrolled in comprehensive SRHR education at various community safe spaces. Out of these, 326,399 (65%) have successfully completed the curricula. Additionally, a total of 740,755 beneficiaries have been enrolled in the different curricula.



#### Photographer

**Sarah Waiswa:** Sarah Waiswa is a professional Ugandan born Kenya based documentary and portrait photographer with an interest in exploring identity on the African continent, particularly the New African Identity. She won the 2016 Rencontres d'Arles Discovery Award for a series that explored albino persecution in sub-Saharan Africa. She hopes to help change the narrative on Africa by generating dialogue on developing issues as they happen.



#### Videographer

**Kennedy Musyoka**

Kennedy Musyoka is photographer/Videographer currently working at Amref Health Africa supporting content gathering both in film and photography format. Through the lens, he's captured stories of change in health covering different countries in Africa.

